

## Health as a consumer product

Direct-to-consumer advertising of prescription drugs is expanding dramatically. In this month's Genesis debate, a medical student argues that such advertising puts company profits ahead of patients' real needs. But this is a naïve view, suggests an investment banker, who believes that drug manufacturers have a duty to be profitable.

With the growth of the Internet, patients are now able to access journal articles and medical web sites so that they can now research their own diseases and find explanations aimed at a lay audience. The public's understanding of medicine is ever increasing. Pharmaceutical companies are capitalizing on this by advertising directly to the public. Television advertisements show allergy-stricken actors going to their physician to demand Claritin [loratadine]; seconds later, they are cuddling kittens in lush spring meadows. This direct-to-consumer advertising shifts the pharmaceutical market in this country away from palliation of disease and toward first-quarter returns and a slew of terms once reserved for Wall Street. There is no money in curing disease. There is money in mass-producing medication. Has medicine become so focused on nickels and dimes that it forgets that there are other reasons for its practice?

Pharmaceutical treatment is becoming cosmetic. We see this in the way that the pharmaceutical industry develops and advertises treatments for some afflictions but not others. For example, the mortality rates for allergies, hair loss, and erectile dysfunction are dramatically lower than those for preterm labor. But whereas numerous drugs have been developed to treat the first 3, none are available to treat the last. This is like a surgeon performing only breast enhancements while ignoring patients who need urgent surgery for their breast cancer. You could call it "disease-ism"—choosing to treat one (relatively minor) disease over another (more serious).

Out of about 5 million pregnancies per year in this country, a relatively small percentage go into preterm la-

bor. Although this manifests as thousands of people in need of drugs for management, it is still deemed by pharmaceutical companies to be too rare (and thus not profitable enough) to warrant effective research and development. Physicians in the field are forced to use medicines that have been untested in pregnant women. Some medications currently used in the management of preterm labor even carry specific instructions on the package to avoid use in pregnant women. On the other hand, most men will suffer erectile dysfunction at some point in their lives. Because every person with a Y chromosome is a potential candidate for Viagra [sildenafil citrate], it is no surprise that drug companies have invested so much in developing treatments for erectile dysfunction.

The government's Orphan Drug Act takes a step in the right direction, offering incentives to pharmaceutical companies to research treatments for rare diseases (see [www.fda.gov/orphan/oda.htm](http://www.fda.gov/orphan/oda.htm), accessed October 1, 2001). Yet, it is often deemed more profitable to film and release yet another Allegra [fexofenadine] commercial than to get a monopoly on the pharmaceutical treatment of Klinefelter's syndrome (an XXY chromosome anomaly).

Is there a solution? With the increasing popularity of the business major across American universities and the growth of the Internet, health is likely to be increasingly consumerized. It might be too late for us to reverse this trend. And, thus, we look to the federal government. There needs to be regulation in the world of pharmaceutical research and advertising. The Food and Drug Administration (FDA) should investigate disease populations that are underrepresented with regard to pharmaceutical management and place priority on drugs geared toward those populations. Perhaps the National Institutes of Health could gear its research grants toward diseases neglected by pharmaceutical companies; in this way, independent, academic research could play a role in rounding out pharmaceutical management in America.

Here's an idea. Before the FDA approves yet another medication for erectile dysfunction, it should go to all the

Shahin Chandrasoma  
3rd-year medical student  
University of Southern  
California  
School of Medicine  
Los Angeles

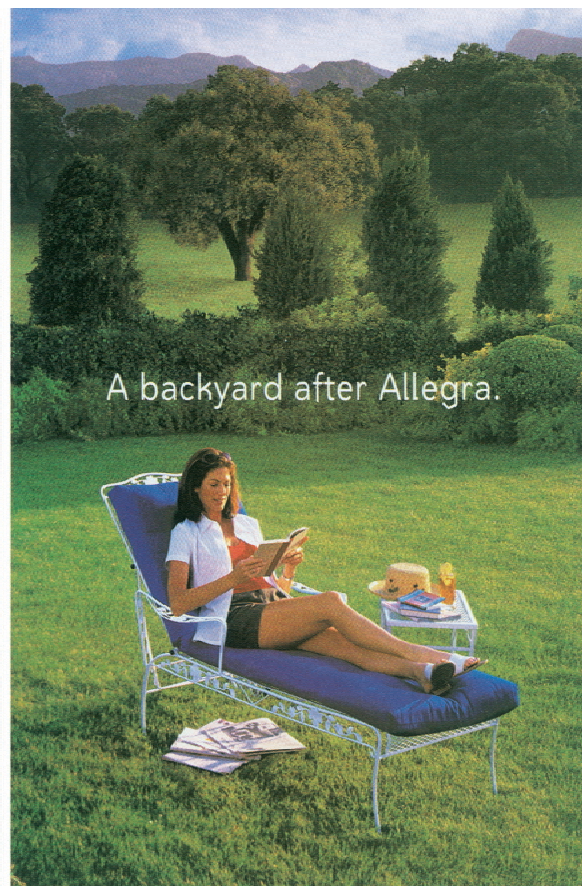
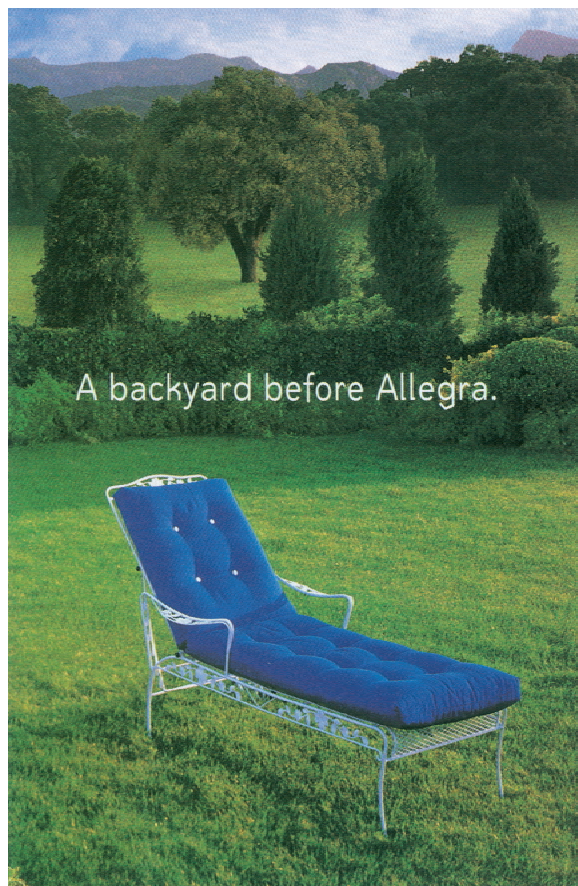
tissa@usc.edu

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*What do you think? Join  
the debate on the Genesis  
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Patients are bombarded with ads for allergy drugs

wards containing patients with diseases listed under the Orphan Drug Act and explain to them why their lives are less important to the pharmaceutical industry than helping men get an erection. Pharmaceutical companies and the physicians that interact with them need to remember what it means to be in the medical profession. It is not

about free lecture lunches or dishing out Prozac [fluoxetine] to everyone who is feeling a little under the weather. Medicine is about helping each patient to have a better existence, with equal effort being spent on every patient. There is no place in this profession for discrimination on the basis of disease.